



Review of Commonwealth Coordinated Care (CCC) Care Coordination Observations (CY 2014)

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Presentation Outline

- **Using Observational Data**
- **Why Observations Are Important**
- **Observations in CCC Evaluation**
- **Structuring Observations, Analyzing Data & Summary of CCC Observation Activity**
- **Overview of Health Risk Assessment (HRA) and Interdisciplinary Care Team (ICT) Observations**
- **Limitations of Observations**
- **Notable Quotes**
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Using Observational Data

- Observations involve gathering firsthand information by observing people and places at research sites and ***represent one of the most frequently used methods for collecting qualitative data***
- In evaluation, ***observations are essential*** because they happen in the “field” where services are delivered, thus allowing evaluators to learn more about important program activities, processes, and outcomes

Why Observations Are Important

1. Better able to understand context within which program participants interact
2. Less need to rely on written and/or verbal reports of program activities
3. Observe activities and/or behaviors that may escape awareness of program participants
4. Obtain a more comprehensive understanding of a particular setting than possible through secondary data
5. Improve data analysis through firsthand experience of program activities and participant behaviors

Observations in CCC Evaluation

- Purpose is to observe delivery of CCC services by care coordinators to develop a more holistic understanding of the program
- Data collection consists of note taking while observing care coordinators interacting with enrollees with LTSS and/or BH needs, family members, and providers
 - Supplemented with unstructured interviews of care coordinators and reviews of the technical/non-technical literature on care coordination

Structuring Observations & Analyzing Data

- Observations are guided by specific questions:
 1. What main care coordination activity(or activities) is occurring at the site?
 2. How does the care coordinator interact and/or provide assistance to participant(s)?
 3. What is the care coordinator's perceptions of enrollee satisfaction, quality of care, and/or life?
 4. How is care for the enrollee coordinated and/or organized by the care coordinator?
- Analysis performed using constant comparative method

Summary of CCC Observation Activity (CY 2014)

- Conducted 11 observations between June and December 2014, representing 20 care coordinator – enrollee and/or family member/provider encounters
 - Observations of EDCD, Nursing Facility, & Community Well enrollees in the Tidewater & Central CCC Demonstration Regions
- In total, the observations lasted approximately 16.5 hours and generated 62 pages of typed notes for analysis



Overview of HRA Observations

Type	Health Risk Assessment (HRA)
EDCD Waiver	<p><u>Site: Enrollee Home Visit (N=3)</u></p> <ul style="list-style-type: none"> • Meetings Lasted 1 to 2.5 hours/enrollee • Care Coordinator Established Rapport with Enrollees, Families, & Caregivers & Identified Enrollee Needs & Goals for Care Plan • Care Coordinator Exchanged Information & Educated Participants about Health/Social Services & Enhanced Benefits • Coordinators Indicated Follow Up with Physicians/Service Facilitators
Nursing Facility	<p><u>Site: Facility Room Visit (N=11)</u></p> <ul style="list-style-type: none"> • Most Meetings Lasted around 5 minutes/enrollee • Enrollees Already Receiving 24/7 Care by Nursing Facility Staff • Care Coordinators Engaged Family Members through Verbal Permission & Had Limited Dialogue with Enrollees • Coordinators Obtained Information from Nursing & Social Work Staff on Enrollee Medication, Hospitalizations, & Height/Weight Records
Community Well	<p><u>Site: Clinic Examination Room (N=2)</u></p> <ul style="list-style-type: none"> • Meetings Lasted Approximately 30 minutes/enrollee • Care Coordinator & Provider Staff Conducted Team Assessments during Follow-Up Appointments & Engaged Enrollees in Dialogue about Preventive Care & Educating about Health/Social Services

Overview of ICT Observations

Type	Interdisciplinary Care Team (ICT)
EDCD Waiver	<p><u>Site: Physician Office (N=1)</u></p> <ul style="list-style-type: none"> Meeting Lasted Approximately 15 Minutes & Involved Coordinator, Enrollee, & Specialist Physician Coordinator Exhibited Rapport & Dialogue with Enrollee & Exchanged Information with Physician (<i>Reconciling Medication</i>)
Nursing Facility	<p><u>Site: Facility Conference Room (N=2)</u></p> <ul style="list-style-type: none"> Meetings Lasted less than 10 minutes/enrollee & Involved Nursing/Social Work Staff Exchanging Limited Information with Coordinator on Lab Tests, Vaccines, and Health Needs Meetings did not include Enrollees, Families, or Physicians Apparent Limited Involvement of Coordinator in Care Planning
Community Well	<p><u>Site: Clinic Conference Room (N=1)</u></p> <ul style="list-style-type: none"> Meeting Lasted Approximately 30 minutes/enrollee Care Coordinator, Care Manager, & Social Worker worked with Enrollee to Resolve Housing Issue & Exchanged Information with Enrollee on Health/Social Services, & Care Plan Care Coordinator, Care Manager, and Social Worker Indicated Follow up with Enrollee on Housing Issue



Notable Quotes

- “I need to get a colonoscopy and mammogram scheduled...”
 - CCC community well enrollee talking to provider staff
- “I love [*the Medicare-Medicaid Plan*]...I only have to call you [*the care coordinator*]....It’s a nightmare trying to coordinate all these services...who wouldn’t want this?”
 - Family member of a CCC EDCD waiver participant talking to a care coordinator

Notable Quotes

- “If I can’t help you, I’ll find someone who can.”
 - CCC care coordinator talking to EDCD waiver enrollee
- “We advocate for enrollees and follow up with providers to ensure they deliver cost effective care...I’m the mapmaker, I’m not the sailor, I try to connect all the pieces...My job is to empower enrollees and families...tell them how to communicate with providers...it makes them feel they have more ownership...”
 - CCC care coordinator talking to evaluation staff

Limitations of Observations

- Only 11 care coordination activities observed to date, thus findings are based on a small sample
- Care coordination activities observed are not a random sample of all such activities that occurred in CY 2014, thus generalizability of findings may be limited
- Context of care coordination activities is important when considering applicability of findings

Next Steps

- Continue Care Coordination Observations
 - Focus on HRAs, ICTs, and other care coordination activities
 - 2 observations every three months per Medicare-Medicaid Plan (next three month period starts on February 1, 2015)
 - DMAS contract monitoring/management staff may participate in observations
 - Need variation across state; however, 2-4 observations with same coordinator enhances understanding of program through dialogue



THANK YOU!

- For additional information on the CCC Evaluation, please contact:
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 - Or visit the **CCC Evaluation website**
http://www.dmass.virginia.gov/Content_pgs/ccc-eval.aspx